



2624

In re Application of:

Docket No. 03500.013284

MASAMICHI ITO

Application No.: 09/239,016

Examiner: K. Poon

Filed: January 29, 1999

Group Art Unit: 2624

For: IMAGE RECORDING AND REPRODUCING
DEVICE, METHOD AND MEMORY MEDIUM
READABLE WITH COMPUTER

Date: March 10, 2003

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MAR 21 2003

Technology Center 2600

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

I hereby certify that this correspondence is being
deposited with the United States Postal Service as
first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington,
D.C. 20231 on

March 10, 2003
(Date of Deposit)
Carol A. Quinn, Reg. No. 59,000
(Name of Attorney for Applicant)
Signature Date of Signature 3/10/03

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 12 | MINUS | ** 20 | = -0- | x \$9 \$18 | -0- |
| INDEP. CLAIMS | * 3 | MINUS | *** 3 | = -0- | x \$42 \$84 | -0- |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | -0- |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

*136A
mail
9/13/04*
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 410.00 to cover the fee for a two month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 39,000

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Technology Center 2600

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30 Rockefeller Plaza
New York, New York 10112-3801
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